

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

Torigian 1



Section 1.	lentifying Inform	ation				
1. Given Name (First N Drew	lame)	2. Surname (Last Torigian	Name)	3. Date 22-No	e vember-2019	
4. Are you the corresponding author?		Yes ✓ N	o Correspoi Richard S	nding Author's Name Schwab		
5. Manuscript Title Effect of weight loss	on upper airway an	atomy and the ap	onea hypopnea ind	ex: the importance of to	ongue fat	
6. Manuscript Identify Blue-201903-06920	ring Number (if you kno C.R2	ow it)				
Section 2. Th	ne Work Under Co	nsideration fo	r Publication			
any aspect of the subn statistical analysis, etc. Are there any releva	nitted work (including)?	but not limited to		r (government, commerciang board, study design, ma		c.) for
Section 3. Re	elevant financial a	ctivities outsi	de the submitted	l work.		
of compensation) w	ith entities as descrik box. You should rep nt conflicts of intere	oed in the instructors ort relationships st? Yes [tions. Use one line	nave financial relationsh for each entity; add as n during the 36 months	nany lines as you need	d by
Name of Entity		Grant? Person		Other? Comments	s	
Quantitative Radiology S	olutions LLC					
Section 4. In	tellectual Propert	y Patents &	Copyrights			
Do you have any pa	tents, whether plann	ed, pending or is	sued, broadly relev	ant to the work?	es 🗸 No	

Torigian 2



Section 5.					
Section 5.	Relationships not covered above				
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?				
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):				
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest				
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Section 6					
Section 6.	Disclosure Statement				
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Torigian repo	orts other from Quantitative Radiology Solutions LLC, outside the submitted work; .				

Evaluation and Feedback

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Torigian 3



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Keenan 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Brendan	rst Name)	2. Surname (Last Name) Keenan		3. Date 22-November-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Autho	r's Name
5. Manuscript Title Effect of Weight		Anatomy and the Apnea	Hypopnea Index: The Ir	mportance of Tongue Fat
6. Manuscript Ider Blue-201903-069	ntifying Number (if you kn 920C.R2	now it)		
	l			
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No ormation below. If you ha	data monitoring board, stu	nt, commercial, private foundation, etc.) for udy design, manuscript preparation, etc.) for the state of the
Name of Institut	ion/Company	Grant'	on-Financial Other?	Comments
National Institutes of	Health	✓		
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions. Uport relationships that w	Jse one line for each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyr	ights	
Do you have any	patents, whether plans	ned, pending or issued, l	proadly relevant to the v	work? Yes No

Keenan 2



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Mr. Keenan reports grants from National Institutes of Health, during the conduct of the study.

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Willaims 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Willaims	3. Date 03-March-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Richard Schwab		
5. Manuscript Title Effect of Weight		Anatomy and the Apnea H	ypopnea Index: The Importance of Tongue Fat		
6. Manuscript Ider Blue-201903-069	ntifying Number (if you kr 920C.R2	now it)			
Section 2.	The Work Under C	onsideration for Public	ation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo					
Section 3.	Polovant financial	activities outside the s	ubmitted work		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?		

Willaims 2



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Dr. Willaims has nothing to disclose.

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Schwab 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Richard	Surname (Last Name Schwab	e)		3. Date 22-November-2019
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Effect of Weight Loss on Upper Airway	Anatomy and the Apne	ea Hypopnea Ind	lex: The Impo	ortance of Tongue Fat
6. Manuscript Identifying Number (if you kr Blue-201903-0692OC.R2	now it)			
Section 2				
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants	rom a third party (s, data monitoring		
Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you		one entity pr	ress the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
NIH	V			
Section 3. Relevant financial	activities outside tl	ne submitted v	work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	ibed in the instructions port relationships that est?	s. Use one line fo were present d u	r each entity;	add as many lines as you need by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
UpToDate			Roya	alties
ResMed	✓			
Inspire	✓			

Schwab 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Commer	nts
CryOSA	✓			
Section 4. Intellectual Propert	y Patents & Coլ	oyrights		
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the work?	Yes 🗸 No
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Dr. Schwab reports grants from NIH, dur from Inspire, grants from CryOSA, outsic	_	•	om UpToDate, gran	ts from ResMed, grants

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Wiemken 1



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	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Wiemken 2



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Zang 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Zang	3. Date 25-November-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Richard J Schwab
5. Manuscript Title Richard J Schwal			
6. Manuscript Ider Blue-201903-069	ntifying Number (if you kr 920C	now it)	
	I		
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Zang 2



Section 5. Belationships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appear potentially influencing, what you wrote in the submitted work?	rance of
Yes, the following relationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest	
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Section 6. Disclosure Statement	
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Dr. Zang has nothing to disclose.	

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Zang 3



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Staley 1



Section 1.	lentifying Inform	ation		
1. Given Name (First N Bethany	lame)	2. Surname (Last Name) Staley		3. Date 26-November-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Richard Schwab	
5. Manuscript Title Effect of Weight Los	s on Upper Airway A	natomy and the Apnea H	ypopnea Index: The Importa	nce of Tongue Fat
6. Manuscript Identify Blue-201903-06920	- '	ow it)		
			-	
Section 2. Th	ne Work Under Co	nsideration for Public	ation	
	nitted work (including)?	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for ign, manuscript preparation,
Section 3. Re	elevant financial a	activities outside the s	ubmitted work.	
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Section 4. In	tellectual Propert	ty Patents & Copyrig	ıhts	
Do you have any pat	tents, whether plann	ed, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Staley 2



Section 5.				
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	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
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Section 6				
Section 6.	Disclosure Statement			
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Pack 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Allan	2. Surname (Last Name) Pack	3. Date 22-November-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Richard J. Schwab		
5. Manuscript Title Effect of Weight Loss on Upper Airway	Anatomy and the Apnea H	lypopnea Index: The Importance of Tongue Fat		
6. Manuscript Identifying Number (if you kr Blue-201903-0692OC.R2	now it)			
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo				
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

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Section 5.					
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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
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Dr. Pack reports Respironics Four	he is the John Miclot Professor of Medicine. Funds for this endowment are provided by the Phillips indation				

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5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
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Section 3.
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Wang 1



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Stephen	2. Surname (Last Name) Wang		3. Date 24-November-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name		
5. Manuscript Title Effect of Weight Loss on Upper Airway Anatomy and the Apnea Hypopnea Index: The Importance of Tongue Fat					
6. Manuscript Identifying Number (if you kn Blue-201903-0692OC.R2	ow it)				
		_			
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Name of Institution/Company	Grant•	n-Financial other?	Comments		
NIH - National Institutes of Health R01HL089447 and P01HL094307)	✓				
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Dr. Wang reports the study; .	s grants from NIH - National Institutes of Health (R01HL089447 and P01HL094307), during the conduct of					

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